

State of Louisiana --- Department of Social Services/OM&F

LAPTOP - - - Acceptance of Responsibility for DSS Office and Home Office Use**USER AGREEMENT AND STATEMENTS**

1. I understand the laptop and portable external drive system unit contain data protected under federal and state confidentiality regulations.
2. I understand the unit's portability increases the possibility of theft and the large volume of confidential data contained within the unit increases the impact should the unit be lost or stolen.
3. I understand the unit shall only be used in a safe secure area and locked within its protective cabinet when not in use.
4. I understand and accept responsibility in the event of loss/theft of the laptop, the portable external drive unit, or other support hardware assigned and I will immediately notify my supervisor, police and the IT Property Control Manager.
5. I understand I may be held responsible for reimbursement of the equipment to the appropriate Office within the Department of Social Services, if the unit or supportive hardware is lost or damaged in whole or part through my negligence.
6. If I must leave the unit, the file and print sharing services shall be turned OFF and the Password protections, including BIOS (Basic Input/Output System—allows for process known as “booting up”), shall be active.
7. I understand Encryption software (scrambles information to make it unreadable without special knowledge) is installed on the unit and confidential data is stored encrypted by a DSS approved method.
8. I understand my immediate supervisor, DSS Agency Property Control Manager, or the DSS IT Security Section may at any time inspect the unit for inventory and other agency purposes.
9. I understand it is recommended by the DSS IT Security Section to connect the unit to the DSS network **at least once per week** to ensure that all computer operating systems and anti-virus software are installed and up-to-date with the most current patches.
10. I understand that once on the Internet, I am to use the Cisco VPN (Virtual Private Network) Client provided by DSS (if available) to connect to the DSS LAN (Local Area Network –covers small geographic area) before accessing DSS applications/DATA. If the Cisco VPN Client is not available, then I will use the Cisco Web VPN to connect and run DSS Web applications.
11. I understand that the WLAN (Wireless Local Area Network – links 2 or more computers without wires) equipment is configured for infrastructure mode (wireless communications via a wireless access point) only, as opposed to the ADHOC mode (wireless stations that communicate directly without going through an access point).
12. I understand **I SHALL NOT** trade laptops with another employee because my responsibility remains with the assigned laptop.
13. I understand that I am responsible for opening a Remedy Ticket with the User Support Center for the pickup of my assigned laptop 1) upon the request of my immediate supervisor or the DSS Agency Property Control Manager; 2) upon change in job duties within my respective Office or the Department; 3) upon resignation/retirement from my current position.
14. I understand when this unit is returned to the DSS IT Department, for any reason, I SHALL complete and sign a **Laptop --- Release of Responsibility Form** (Policy 1-11) otherwise I remain responsible for said equipment.

I certify that I have read and understand the user agreement and statements listed above. I agree to abide by this policy and understand that non-compliance with any part of this policy may constitute grounds for any action listed below to be administered by the Louisiana Department of Social Services: (1) Written reprimand (2) Suspension without pay (3) Reduction in pay (4) Involuntary demotion (5) Dismissal (6) Recommended criminal prosecution (7) Revocation of privileges.

SECTION A --- Read the above agreement and statements and complete Section A prior to the delivery of requested laptop.**ACCEPTANCE OF LAPTOP RESPONSIBILITY FOR DSS OFFICE AND HOME OFFICE USE**

Employee's Printed Name:	Employee's Signature:	Date:
Office/Cubicle Number:	Physical home address:	

SECTION B ---Supervisor's Signature ☐ OM&F ☐ OFS ☐ OCS ☐ LRS ☐ Other _____

	Date:
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SECTION C --- IT Technician shall complete the following section at the time of delivery of requested laptop. Attach the original to the IT Equipment Movement Form (DSSPC-2) and immediately submit both forms to Contact #2 listed on page 6 of the Property Control Procedure Manual.

State of Louisiana Property Tag No: 17500- 0	Serial No:	Location Code:
Remedy Ticket No:	Signature of IT Technician delivering laptop:	Date: